

AF/1765



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE Corres. and Mail

NAME OF INVENTOR

BOX AF

Applicant:

Hiroyuki Enomoto

Docket No.: TIJ-24816

Serial No.:

09/019,087

Art Unit: 1765

Filed:

02/05/1998

Examiner: Perez Ramos, V

For:

MANUFACTURING METHOD OF
SEMICONDUCTOR IC DEVICE

Confirm. No.: 1640

RECEIVED

SEP 30 2002

TC 1700

AMENDMENT UNDER 37 C.F.R. §1.116 TRANSMITTAL FORM

Assistant Commissioner for Patents
 Box AF
 Washington, DC 20231

MAILING CERTIFICATE UNDER 37 C.F.R. §1.8(A) I
 hereby certify that this correspondence is being deposited
 with the United States Postal Service as first class mail in
 an envelope addressed to: Assistant Commissioner for
 Patents, Box AF, Washington, D.C. 20231.

William B. Kempler, Reg. No. 28,228

Date

Sir:

- Transmitted herewith is an amendment for this application.

STATUS

- The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply. Applicant is other than a small entity.

(a) Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d) for other total number of months checked below:

	Extension (months)	Fee for other than small entity
<input type="checkbox"/>	one month	\$ 110.00
<input type="checkbox"/>	two months	\$ 390.00
<input type="checkbox"/>	three months	\$ 890.00
<input type="checkbox"/>	four months	\$ 1,390.00

Fee \$ -0-

If an additional extension of time is required please consider this a petition therefor.

An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims		Minus		= 0	x \$22 =	\$ 0
Independent Claims		Minus		= 0	x \$82 =	\$ 0
TOTAL ADDITIONAL FEE FOR THIS AMOUNT						

(c) No additional fee for claims is required.

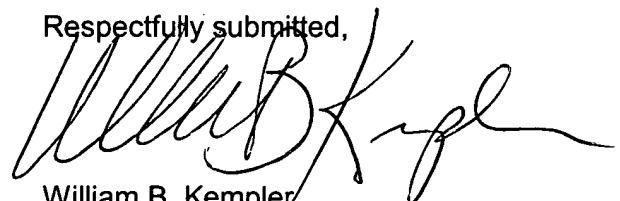
OR

(d) Total additional fee for claims required \$

FEE PAYMENT

If any additional extension and/or fee is required, charge Deposit Account No. 20-0668 and/or if any additional fee for claims is required, charge Deposit Account No. 20-0668. Two copies of this sheet are enclosed.

Respectfully submitted,



William B. Kempler
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